

# LETTER OF INTENT

This letter of intent is about: \_\_\_\_\_

Date Last Revised: \_\_\_\_\_

Written with help from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Introduction: Imagine that you have just met a person who will care for your child after you are gone. You have five minutes to introduce your child, help the person appreciate her, and inspire this person to do what is best for her in the future. What would you say?

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What name does your child like to be called: \_\_\_\_\_

# Biographic Information:

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Full Name

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Street Address

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Gender

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City

State

Zip

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Race

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Phone #

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Language Spoken/Understood

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Date of Birth

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Marital Status

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Social Security #

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Name of Spouse (if applicable)

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Citizenship

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Guardian Name

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Guardian Address

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Guardian Phone #

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City

State

Zip

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Height

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Clothing Sizes

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Weight

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Shoe Size

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Father's Name

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Mother's Name

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Address

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Address

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Phone #

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Birth Date

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Phone #

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Birth Date

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Marital Status

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Marital Status

# Likes & Dislikes:

Describe the things that your child likes and does not like.

Likes

Dislikes

Tasks (household chores,  
work or school tasks, etc.)

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Activities (recreational and  
social activities, medical  
procedures, etc.)

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People (specific people,  
types of people, the ways  
people interact, etc.)

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Things (food, toys, animals,  
noises, smells, etc.)

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# Routine & Rituals:

Describe your child's daily routines. Include any details about how she likes to do things (i.e. likes to listen to the radio for a while before getting up, prefers to take a bath at night, etc.).

AM Routine:

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Day Program or Work Routine:

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PM Routine:

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Sleeping Habits:

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Weekend Routine:

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# Community Participation:

Describe the type of assistance (if any) that your child needs in the following areas when in the community.

Safety Awareness

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Street Crossing/Pedestrian Skills

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Social Interaction

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Money/Making Purchases

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Use of Public Transportation

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Hobbies & Interests: Describe the things that your child likes to do. How does she spend her free time? Are there things of special interest to her?

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Self Direction: Explain what kind of assistance your child needs to choose and initiate daily tasks, leisure and social activities, etc.

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# Decision Making:

What kinds of decisions (if any) does your child need help with?

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Who should provide help with decisions (explain which decisions different people help with where applicable, i.e. sister helps with hair style and clothing decisions, mom helps make medical decisions, etc.)?

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How can other's help this person make decisions?

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**Social Skills:** Describe your child's general personality and how she interacts with other people. Explain what kinds of assistance or cues she may need in social situations. Describe what kinds of people your child likes to spend time with and how much and in what situations she likes to socialize with others. Indicate any needs or concerns relating to social distance, vulnerability, or sexual behaviors.

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Cognitive Functioning: Indicate your child's intellectual functioning level (mild, moderate, severe, profound, undetermined). Also indicate any information from psychological evaluations or reports that may be helpful.

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Confidence: Explain your child's level of confidence with new or stressful situations. Explain how people supporting your child can help to build up her confidence or prepare her for situations that may cause anxiety.

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Self-Esteem: Describe how people supporting your child can best reinforce her self-esteem. Include what kind of praise and constructive criticism she is most comfortable with.

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Grief: Describe how your child deals with disappointment and loss. Explain what people who are supporting her can do to assist her in dealing with the death of a friend or family member, major changes in her life, or situations that have caused emotional pain.

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Celebration: Describe in what ways your child traditionally celebrates holidays or special occasions. How does your child like to celebrate personal accomplishments or special news?

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# Assistance Needed with Activities of Daily Living:

Describe the help that your child needs in each of the areas listed below. Explain the level of assistance needed (i.e. Verbal reminder to take a shower, physical help to get all the shampoo out of her hair, etc.). Indicate any concerns that may have resulted in increased or decreased independence (i.e. needs supervision in bathroom due to ingesting hygiene supplies).

Dressing: \_\_\_\_\_  
\_\_\_\_\_

Bathing: \_\_\_\_\_  
\_\_\_\_\_

Adjusting Water Temperature: \_\_\_\_\_  
\_\_\_\_\_

Hair Care: \_\_\_\_\_  
\_\_\_\_\_

Brushing Teeth: \_\_\_\_\_  
\_\_\_\_\_

Toileting: \_\_\_\_\_  
\_\_\_\_\_

Menses Care: \_\_\_\_\_  
\_\_\_\_\_

Shaving: \_\_\_\_\_  
\_\_\_\_\_

Nail Care: \_\_\_\_\_  
\_\_\_\_\_

Eating: \_\_\_\_\_  
\_\_\_\_\_

Food Preparation: \_\_\_\_\_  
\_\_\_\_\_

Cleaning: \_\_\_\_\_  
\_\_\_\_\_

## Behavior Concerns:

Describe any past or current challenging behaviors your child engages in. Describe any triggers, if known, that can lead to the behaviors. Indicate what supports have or are currently being used to prevent these behavior challenges or address them when they do occur. Indicate any supports that have been particularly successful or unsuccessful in the past and why.

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## Academics:

Explain the level of your child's academic skills in reading, writing, and math. Include any special abilities.

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Vision: Indicate the status of your child's vision (normal, near sighted, etc.). If your child wears glasses indicate when she should wear them and what the prescription is. List your child's eye doctor's name, address and phone number and where glasses were purchased.

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Hearing: Indicate the status of your child's hearing. If your child wears a hearing aid indicate the type of aid, where it was purchased and serviced, and the assistance your child needs to use it.

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Speech: Indicate the status of your child's speech (normal, impaired but understandable, uses communication devise, etc.). If your child communicates in any nontraditional ways explain these and any techniques you use to communicate with her. If any devices are used list model number, where it was purchased, and what assistance is needed to use and maintain.

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Mobility: Indicate your child's level of mobility and any assistance needed for walking and transferring. List the types of adaptive equipment used and what assistance is needed for their use and maintenance.

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Seizures: Indicate any history of seizures, any seizures currently, what medications have or are being used, any known triggers of seizures, etc.

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Diet: Indicate any special diets or food restrictions. Explain what consistency foods and beverages need to be and any special equipment used for eating.

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Birth Information: Describe any complications during pregnancy, full term or premature, birth weight, any complications during birth, any concerns after birth such as low apgar score, etc.

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Nursing Needs: Indicate your child's need for nursing or routine medical care. List the reason, the procedure, nursing skill required, etc. Indicate if the care is usually provided at home or in a clinic or physician's office.

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Medication & Procedures: Indicate what assistance your child needs to take medications and for completion of routine medical needs or first aid. Describe your child's comfort level with medications and medical procedures and indicate anything that can be done to make her feel more comfortable.

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# Medical History:

Describe any other pertinent medical information. Include any past surgeries or major illnesses, hospitalizations, medications that your child has taken and why they were discontinued, immunizations, etc. Although you will not want to include every detail (i.e. treatment for an ear infection 10 years ago with an antibiotic) you would want to include anything that a doctor may want to know if treating your child currently (i.e. tendency to get ear infections frequently).

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# Family Medical History:

Include any significant family medical problems (i.e. diabetes, heart disease, mental illness, cancer) that may effect you child's medical status and the relationship to child (i.e. maternal grandparent).



# Medical Professionals & Therapist:

Indicate all physicians and therapist that are currently working with your child.

Name Specialty/Type of Therapy

Address Phone

City State Zip Secretary or Nurse's Name

Services: Include type of treatments or services being provided, how often your child is seen by professional, when or what circumstances indicate the need for a visit (i.e. annual neurology appointments or sees dermatologist if a skin rash appears), approximate length of time the professional has been treating your child, and any other relevant information.

Name Specialty/Type of Therapy

Address Phone

City State Zip Secretary or Nurse's Name

Services: Include type of treatments or services being provided, how often your child is seen by professional, when or what circumstances indicate the need for a visit (i.e. annual neurology appointments or sees dermatologist if a skin rash appears), approximate length of time the professional has been treating your child, and any other relevant information.

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# Family & Support Network:

List below the people who are important to your child. Include siblings, other relatives, friends, advocates, or service providers. In describing the relationship each person has with your child include any biographic information (marital status, children's name, etc), how often and in what ways they interact, in what ways the relationship is important to your child and to the other person, any traditions or celebrations they share, and what kind of support the person may provide to your child. If there is a person who is important to your child but who may have different philosophies than you regarding her future, include them in the list but indicate the differences.

_____		_____	
Name	Address		
_____		_____	_____
Telephone #	City	State	Zip
_____		_____	
Relationship	Birth Date		
Comments:			

_____		_____	
Name	Address		
_____		_____	_____
Telephone #	City	State	Zip
_____		_____	
Relationship	Birth Date		
Comments:			

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Name

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Address

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Telephone #

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City

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State

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Zip

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Relationship

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Birth Date

Comments:

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Name

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Address

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Telephone #

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City

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State

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Zip

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Relationship

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Birth Date

Comments:

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Name	Address		
Telephone #	City	State	Zip
Relationship	Birth Date		
Comments:			

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Name	Address		
Telephone #	City	State	Zip
Relationship	Birth Date		
Comments:			

Are there any people who are deceased but that were important to your child and whom she may continue to think or talk about now? If so, give their name and a brief description of why they were important and in what ways your child likes to remember them.

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## Major life events:

Are there any events or occurrences from the past that may continue to be of significance to your child? For example, an award she won, a significant accomplishment, a traumatic event such as an accident or the loss of a pet. Explain.

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# Religion:

Indicate your child's religion. If your child is a member of or attends a church, synagogue, or other house of worship include the name and address. Are there any clergy that are familiar with your child? In what ways does your child practice the religion of her choice and what, if any assistance does she need to maintain this practice.

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# Benefits:

Explain any benefits that your child currently receives. These may include SSI, SSDI, Medicaid, Medicare, insurances, utility subsidies, respite, Medicaid Waivers, etc.

Type of Benefit \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Description (include amounts, how often determination application is needed, etc.)

Type of Benefit \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Description (include amounts, how often determination application is needed, etc.)

Type of Benefit \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Description (include amounts, how often determination application is needed, etc.)

Type of Benefit \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Description (include amounts, how often determination application is needed, etc.)

Type of Benefit \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Description (include amounts, how often determination application is needed, etc.)

# Other Income:

Describe any other sources of income for your child. Include income from any jobs and how the pay is handled (i.e. direct deposited, your child takes check to the bank each pay day, etc.).

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Bank Accounts: List your child's bank accounts.

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Name of Bank or Credit Union

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Type of Account

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Account Number

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Cosigner (if any)

Description of account (include intended purpose for funds):

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Name of Bank or Credit Union

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Type of Account

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Account Number

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Cosigner (if any)

Description of account (include intended purpose for funds):

Trusts: Indicate any trust that has been set up for the benefit of your child. Include the name of the trustee, bank or management company, and the location of the trust documents.

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Final Arrangements: Describe any arrangements that have been made for your child's funeral and burial. List the names, addresses, and phone numbers of any companies or individuals with whom arrangements have been made. Explain what arrangements are made and, if there is a contract, where it is located. Also indicate what payments have been made and where the receipts may be found. If you have not made final arrangements, indicate your preferences for burial or cremation. Explain what type of service, burial, monument or marker, etc.

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Financial Assistance: Describe your child's ability to handle her personal finances. Explain how much assistance she needs with handling money, completing banking, paying bills, and planning for future expenses.

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# Vocational or Day Program

Background: Describe the educational and vocational programs in which your child has participated. Include early intervention, school, and any adult education programs. Indicate the level of education completed in each program and the extent that your child has been able to participate in regular education classes. Explain what has worked for your child and what has not.

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Current: Describe the current work or day program that your child participates in.

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Company or Program Name	Address		
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Phone Number	City	State	Zip
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Contact Person	Schedule
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Transportation To & From Work / Program

Description:

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Future: Describe the ideal vocational or day program for your child. Indicate what the goals or main focus of a program should be.

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# Housing & Living Arrangements:

Current: Describe where your child currently lives and what supports (formal and informal) she is receiving. Indicate who provides the supports and how they are paid for. Explain what the advantages and disadvantages are to the current situation.

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Past: Describe any past living situations. Explain what worked and what did not.

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Future: Describe the ideal home for your child. Indicate what characteristics are non-negotiable. Where some compromise can be considered indicate the first and second most desirable situation. Explain how the ideal situation may change at different stages in your child's life (i.e. would want her to live with a relative if something happened to you before adulthood but then she should live with peers her age).

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Where: Include location (near what community services or relatives) and what type of housing (family home, house with friends, group home, independent apartment, etc.).

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With Whom: If anyone, who would you want your child to live with. If you see your child living with peers explain how many and what characteristics might be important (i.e. someone with the same interests, same sex or co-ed, individuals with a similar disability, etc.).

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Type of Housing: Are there specific characteristics needed in your child's home (i.e. physical adaptations such as ramps, a large yard, a fenced in area, etc.).

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Supports: Describe the amount and type of support that your child will need.

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Provider Characteristics: Describe what characteristics you think will be important in the people who provide supports to your child in her home. Explain the type of person that your child feels most comfortable with.

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Arrangements: Explain what plans or arrangements you have made for the future home of your child. Include any agreements or contracts you may have with service providers or advocates. Explain who will assist your child in making living arrangements after you are gone or unable to help.

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Describe any other information that you feel future support providers or advocates should know about your child.



Additional Information or Changes:



Additional Information or Changes:

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